

FROMMER LAWRENCE & HAUG LLP

745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner David L. Holt

Firm: U.S. Patent and Trademark Office
Art Unit 2609

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: November 14, 2007

Re: FLH Ref No.: 450104-04424
Serial No.: 10/506,848

Number of Pages: 14
(including cover page)

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00499321

PATENT
450104-04424IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Miyuki Okada et al.
 Serial No. : 10/506,848
 Filed : September 3, 2004
 For : IMAGE PICK-UP DEVICE AND CHROMATIC
 ABERRATION CORRECTION METHOD
 Examiner : Holt, David, L.
 Art Unit : 2609
 Confirmation No. : 4663

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	8	Minus	** = 20	* 0 x	\$50 (25)	- \$ 0
Independent claims	2	Minus	*** = 3	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

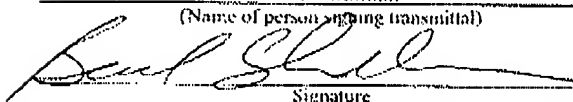
- ☐ This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ____ month following the expiration of the term originally set therefor. This is a petition to request a ____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ____ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

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Barnet Shindman

(Name of person signing transmittal)



Signature

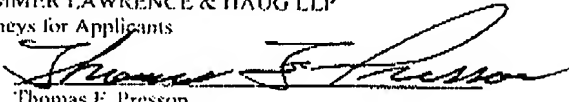
November 14, 2007

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


 Thomas F. Presson
 Reg. No. 41,442

U.S. Application No. 10/506,848
Reply to Non-Final Office Action mailed on August 14, 2007

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PATENT
450104-04424

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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on November 14, 2007.

Barnet Shindelman
(Name of person signing transmittal)
Barnet Shindelman
Signature
November 14, 2007
Date of Signature

AMENDMENT UNDER 37 C.F.R. §1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on August 14, 2007, having a
three-month period for response set to expire on November 14, 2007, please amend the above-
identified applications as follows.

Frommer Lawrence & Haug LLP
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New York, NY 10151
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U.S. Application No. 10/506,848
Reply to Non-Final Office Action mailed on August 14, 2007

PATENT
450104-04424

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the Listing of Claims which begins
on page 4 of this paper.

Remarks/Arguments begin on page 9 of this paper.

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New York, NY 10151
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